

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/773,761
Filing Date	2/6/04
First Named Inventor	Mark G. Erlander
Title	Predicting Breast Cancer Treatment Outcome
Art Unit	1634
Examiner Name	
Attorney Docket Number	022041.001420US

I hereby appoint:

☒ Practitioners associated with the Customer Number

41578

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

20350

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Mark G. Erlander

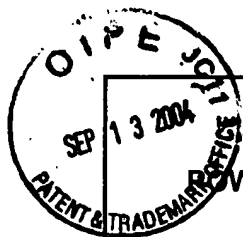
Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/773,761
Filing Date	2/6/04
First Named Inventor	Mark G. Erlander
Title	Predicting Breast Cancer Treatment Outcome
Art Unit	1634
Examiner Name	
Attorney Docket Number	022041.001420US

I hereby appoint:

☒ Practitioners associated with the Customer Number

41578

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

20350

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Xiao-Jun Ma		
Signature			
Date	9-1-04	Telephone	650 962 3020

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

PTO/SB/81 (09-03)

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/773,761
Filing Date	2/6/04
First Named Inventor	Mark G. Erlander
Title	Predicting Breast Cancer Treatment Outcome
Art Unit	1634
Examiner Name	
Attorney Docket Number	022041.001420US

I hereby appoint:

☒ Practitioners associated with the Customer Number

OR

☐ Practitioner(s) named below:

Name	Registration Number

41578

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

20350

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**Name Dennis C. SgroiSignature [Signature]Date 6/15/04

Telephone

617-726-5697

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

60218882 v1

BEST AVAILABLE COPY